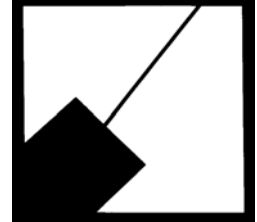


# The Maryland-National Capital Park & Planning Commission

Department of Park and Planning, Montgomery County

## **Volunteer Services Office**

9500 Brunett Avenue Silver Spring, MD 20901  
Phone (301) 495-2504



### VOLUNTEER APPLICATION

Please type or print clearly

#### **Personal**

Name \_\_\_\_\_  
Last First MI Preferred Name

Address \_\_\_\_\_  
No. Street City State Zip Code

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Day Phone# ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Evening Phone# ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

E-Mail Address \_\_\_\_\_

I am under 18 \_\_\_\_\_ → Birthday (Optional only if over 18) \_\_\_\_\_

#### **Education**

High School \_\_\_\_\_ Graduation Date \_\_\_\_\_

College \_\_\_\_\_ Major \_\_\_\_\_

Degree(s) \_\_\_\_\_ Other \_\_\_\_\_

#### **Volunteer and Employment History**

Have you ever volunteered for Montgomery County Dept. of Park & Planning? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where? \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates: \_\_\_\_\_

List and give brief description of duties for your three most recent work/volunteer experiences:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

#### **Hobbies & Interest:**

#### **Memberships, Affiliations & Clubs:**

#### **Special Skills:**

Check any skills that you are expert or proficient and would like to share:

\_\_\_\_\_ Organizing \_\_\_\_\_ Gardening/Horticulture \_\_\_\_\_ Office Work  
\_\_\_\_\_ Computer \_\_\_\_\_ Data Entry \_\_\_\_\_ EMT/First Aid  
\_\_\_\_\_ Talking to People \_\_\_\_\_ Work with Children \_\_\_\_\_ Work with Adults  
\_\_\_\_\_ Volunteer Coordinating \_\_\_\_\_ Crafts (list) \_\_\_\_\_ Languages (list)  
\_\_\_\_\_ Work with Animals (list which

types) \_\_\_\_\_

Other \_\_\_\_\_

Office Use Only:

**Special Training**

List any course work, training, or experience which may be applicable (for example: first aid or EMT Courses):

**Availability/Interests**

When are you available to volunteer? (Circle) Morning Afternoon Evening Weekend  
Preferred Day(s) \_\_\_\_\_ Hours/Week \_\_\_\_\_ Days/Month \_\_\_\_\_

How did you hear about our Volunteer Program?: \_\_\_\_\_

Why are you interested in volunteering with the Department of Park and Planning? \_\_\_\_\_

Is there a volunteer job or location you prefer? Describe: \_\_\_\_\_

Is your volunteer work to be used towards credit or fulfillment of a community service or school requirement?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Please describe: \_\_\_\_\_

**Medical**

Do you have any medical condition that would interfere with your ability to volunteer? (IE: heart condition, asthma, allergies, bee stings, back problems) Please specify: \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**Criminal and/or Civil Court Record**

(A conviction does not automatically exclude you from consideration for volunteering).

Have you ever been convicted for other than minor traffic violations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give complete details: \_\_\_\_\_

**References**

Provide information for two references of persons not related to you:

Name	Address	Phone#	Relationship

I certify that the information stated on this application is true and correct to the best of my knowledge and belief and is made in good faith. Any false statements made by me may be used as a rejection of this application.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

It is the intent of the Commission to provide equal opportunity to all volunteers, in all terms, privileges and conditions without regard to sex, race, religion, national origin, physical disability, or any other factor.

Thank you for taking the time to fill out this application. Once received you will be contacted by the Volunteer Services Coordinator as soon as possible. We look forward to working with you and appreciate the generous offer of your time and skill.